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7:	E ADDRESS (Note: Use Block 1 for 590 08/12/2005	any change of address)		Fee(c) Transmittal Th	mailing can only be used for is certificate cannot be used for all paper, such as an assignme to f mailing or transmission.	or any other accompanying	
ROBERT H. BACHMAN 59 RICHARD SWEET DRIVE WOODBRIDGE, CT 06525 9/09/2005 LWONDIN2 00000018 502640 10734350				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
1 FC:1501 1400.		A STATE OF THE PARTY OF THE PAR	O BANGE	ROBERA H.	BACHMAN	(Depositor's name)	
1 FC:1501 1400.00 DA 2 FC:1504 300.00 DA 3 FC:8001 30.00 DA				ten	. / _	(Signature)	
				Septembe	er 6, 2005	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INV		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/734,350	12/12/2003 Richard C.				03-217	3583	
TITLE OF INVENTION: PLASTIC CONTAINER HAVING STEPPED NECK FINISH							
APPLN, TYPE	SMALL ENTITY	ISSUE FEI	E PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	11/14/2005	
EXAMINER		ART UNIT	CT CT	ASS-SUBCLASS]		
WEAVER, SUE A 372				215-043000	•	• • •	
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate	e address or indication of "For dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence	2. For printing on the patent front page, list (1) the names of up to '3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee da of this form is NOT	ata will appear on the a substitute for filing	ne patent. If an assign g an assignment.	ee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
PLASTIPAK PACKAGING, INC.				PLYMOUTH, MICHIGAN, U.S.A.			
Please check the appropriate	assignee category or catego	ries (will not be prin	ited on the patent):	☐ Individual 🎞 C	orporation or other private gro	oup entity Government	
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Advance Order - # of	Copies 10	1	The Director is hopeposit Account Nur	nber <u>502640</u>	harge the required fee(s), or (enclose an extra c	credit any overpayment, to opy of this form).	
5. Change in Entity Status	(from status indicated above) _	_	702010	· · · · · · · · · · · · · · · · · · ·		
<u></u>	MALL ENTITY status. See				LL ENTITY status. See 37 C		
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Authorized Signature	ful		******		ptember 6, 200		

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19374